

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27579

1. PLACE OF DEATH

96 County St. Louis
2 Township Central
7 City Clayton

Registration District No. 790
Primary Registration District No. 6033
(No. St. Louis Co Hospital)

File No.
Registered No.
St. Ward)

2. FULL NAME

Amanda Woods

(a) Residence, No. Saratoga St Box 128 Ward. Kirkwood
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Hy Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1894
7. AGE YEARS 59 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Sam Wolf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Wm Hy Woods
Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Gather Richards DATE 8-8- 1933

19. UNDERTAKER (ADDRESS) Louis H Bopp
Kirkwood

20. FILED 8-5 1933 R. W. Sullivan
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28 1933 to Aug 3 1933
I last saw him alive on Aug 3 1933. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
Hypertension
82
102
Other contributory causes of importance:
Unknown
Date of onset 7/28/33

23. Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Orren K. Trimmer M. D.
(Address) St. Louis County Hospital, Clayton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Aug 20 1933

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